



# PUBLIC SCHOOLS DRIVER EDUCATION AND TRAINING INSTRUCTOR AUTHORIZATION REQUEST FORM

<b>FISCAL YEAR</b> _____ <div style="text-align: center;">July 1 – June 30</div>
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<b>School District Name</b>		<b>Number</b>
<b>Requested by</b>		<b>Date</b>
<b>Title</b>		
<b>Address</b>		
Street	City	Zip
<b>Phone #</b>	<b>Fax</b>	<b>E-Mail</b>

**INSTRUCTORS MUST BE AUTHORIZED ANNUALLY TO TEACH.**  
 AUTHORIZATION IS ONLY EFFECTIVE FOR ONE FISCAL YEAR (JULY 1 - JUNE 30) AND MUST  
 BE RENEWED TO BE APPROVED TO TEACH IN THE NEW FISCAL YEAR

<b>NAME</b> _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span><b>Last</b></span> <span><b>First</b></span> <span><b>Middle</b></span> </div>			
<b>Home Address</b> <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span>Street</span> <span>City</span> <span>Zip</span> </div>			
Home Ph:	Work Ph:	Driver License #	
ID Teaching Certificate Expiration Date:		<b>DE Endorsement</b>	
		Yes	No
Date of Birth	Social Security #		
<b>Check if teaching class and/or BTW*</b> <b>*Requires medical certificate</b>		<b>*Physical in District File</b>	
<b>BTW*</b>		Yes	No
		Expiration Date: _____	
		<b>List other known districts where DE will be taught:</b>	
<b>Classroom</b>		<b>Professional Development Verification (15 clock hours every 2 years)</b>  <div style="display: flex; justify-content: space-between;"> <span>Date</span> <span># Hours</span> </div>	

## INSTRUCTOR AUTHORIZATION REQUEST FORM (Cont.)

Page #

District Name:

FISCAL YEAR

July 1 – June 30

Number:

NAME _____			
Last		First	
Middle			
Home Address			
Street		City	
Zip			
Home Ph:		Work Ph:	
Driver License #			
ID Teaching Certificate Expiration Date:		DE Endorsement	
Yes		No	
Date of Birth		Social Security #	
<b>Check if teaching class and/or BTW*</b> <b>*Requires medical certificate</b>		<b>*Physical in District File</b>	
Yes      No		<b>Professional Development Verification (15 clock hours every 2 years)</b>	
BTW*		Date      # Hours	
Expiration Date:		Activity	
List other known districts where DE will be taught:		Activity	
Classroom		Activity	

  

NAME _____			
Last		First	
Middle			
Home Address			
Street		City	
Zip			
Home Ph:		Work Ph:	
Driver License #			
ID Teaching Certificate Expiration Date:		DE Endorsement	
Yes		No	
Date of Birth		Social Security #	
<b>Check if teaching class and/or BTW*</b> <b>*Requires medical certificate</b>		<b>*Physical in District File</b>	
Yes      No		<b>Professional Development Verification (15 clock hours every 2 years)</b>	
BTW*		Date      # Hours	
Expiration Date:		Activity	
List other known districts where DE will be taught:		Activity	
Classroom		Activity	